

MONTHLY DONATION FORM



Please complete this form and return to:
220 - 71 Mearns Ct. Bowmanville, ON L1C 4N4
T: 905-623-3331 x 21881 E: bhfoundation@lh.ca

By joining us as a Monthly Partner, you will unite with others in supporting the Foundation's We Care, We Can Campaign, which supports the Bowmanville Hospital Redevelopment and Expansion project.

First Name: _____ Last Name: _____ Spouse Name: _____

Organization (if applicable): _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Country: _____

Phone (Day): _____ Phone (Alternate): _____ Email: _____

Payment Information

Gift Amount \$_____

Credit Card

Card Type: VISA MasterCard American Express

Card Number: _____ Expiry Date: _____ CVV: _____

Direct Deposit

Institution Number: _____ Transit Number: _____

Account Number: _____

Please note:

- A tax receipt will be sent to you at year's end.
- Donations will end at any time when revoked by donor in writing to the Foundation.
- Donations to start on the 15th of the month following the date below.

Signature: _____

Date: _____

Privacy Policy: Bowmanville Hospital Foundation is strongly committed to protecting the privacy and confidentiality of your personal information. We value your trust and recognize that maintaining this trust requires that we be open and accountable in our treatment of the personal information that you choose to share with us. We do not lend, rent or sell your information. Personal information collected by the Foundation is kept in strict confidence.

THANK YOU

Charitable Registration No. 11924 4903 RR0001